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RACHEL DOUGLAS-JONES

Biehl, João. *Will To Live: Aids Therapies and the Politics of Survival*, Photographs by Torben Eskerod, New Jersey: Princeton University Press, 2007. ISBN 978-0-691-13008-8. 478 pp. \$29.95/£17.95.

*You can learn that the human being is always the best measure, and that the measure of the human is not death but life.* (João Cabral de Melo Neto, *Education by Stone*)

With these words, Biehl opens his tour-de-force of the Brazilian “national” response to AIDS, *Will to Live*. Through them, he lays out the scope of his study – from the stories of those living with AIDS, to the institutions mobilized as a consequence of this deadly disease. Here, being human is not a given, life is not the result of natural vitality. It is, rather, tied to medication, access to which falls into a dazzling complex of rights, assertions and negotiations with non-governmental organizations, churches, activists, government, medics, and pharmaceutical markets. The book patiently, critically and thoroughly unravels these interactions, offering what Biehl calls ‘alternative epidemiological evidence’ (14), in his quest to ‘generate some form of visibility and accountability’ (14) for those he sees as abandoned subjects.

Written in eight chapters, comprising some 400 pages, the book is crafted with an inspiring care and shows clearly the many gains of real experience. . By offering an overview of the topics of access, rights, inequalities, and introducing us to eight life stories, Biehl makes clear that his analysis will move between perspectives and consider the international, globalized world of pharmaceuticals alongside the people who need those drugs. His first chapter involves a swift and broad discussion of pharmaceutical governance and the public health scene in Brazil. The chapters that follow draw on Biehl’s focus clinic, Caasah – a ‘grassroots care facility’ (130) in Bahia which, over the course of his ethnography and visits, he saw develop into the key ‘institution of care for the poorest facing AIDS’ (132).

Multiple perspectives and alternative visions are central to Biehl’s work. He offers an intense examination of the ‘micro-politics of patienthood’ (120) emergent in the world and its relations – the “Circuits of Care” resulting from HIV, antibody tests, and AIDS – introducing the ‘patient citizen’ (121). The surveillance system – its possibilities and shortcomings – are developed in the third chapter, “A Hidden Epidemic”, which explores a form ‘invisible’ death, in ‘paradoxical’ (180) contradiction to national policy and reform. Biehl works with epidemiologists, employing both quantitative and qualitative methods, allowing “‘minor voices’” to reveal the limits of governmental and nongovernmental interventions and make relative the “truths” that the institutions of AIDS disseminate’ (132).

Chapter Four, “Experimental Subjects” details his works among members of a different section of the population – the worried well, whose technoneuroses Biehl analyses as a response to the scientific and technical manipulation of psychological processes, in which a biologically based identity becomes articulated in a form of self knowledge. Following this discussion, “Patient-Citizenship”, considers the success stories of patients who have responded positively to antiretroviral (ARV) drugs, in the light of the problem that while the drugs are now available, the institutions which distribute them are struggling to survive. Using Caasah, Biehl shows the intertwining of religion in the economy of survival, the impact of a ‘non-stigmatizing environment’ (284) on drug adherence and the ongoing struggles of the staff to manage complex politics on a daily basis. The climax of the study arrives in the final and title chapter, ‘Will to Live’, where sickness is located not just in the body, but the body politic – drawing out lines developed in previous chapters.

Subchapters focus on actual experience: *Medical Disparities; Physically Well, Economically Dead, “Medication is Me”* all point to the narratives of real patients. Biehl shows how their fragile hopes for life are caught up with the struggle of adhering to treatment and the redemptive role of Caasah in these processes. His conclusions return us to the idea of “Global Public Health”, and the role of anthropological openness as a necessary method for exploring the “Unexpected and the Possible”.

The value of this kind of study is brought to light only in the elegant synthesis Biehl achieves. In a time when academics are under pressure to publish frequently, we increasingly see work of an anthropological nature squeezed into smaller timeframes of field research, or the rapid ‘compulsive and mindless theorizing’ (Hirschman 1970; 329) that Biehl explicitly writes against. Without work of this depth, dedication and patience, we would have only snapshots of elements of the process, valuable in one sense, but always lacking one set of contextualizing details or another. The kinds of topics facing contemporary academics require richly textured accounts in order to do them justice. Biehl takes such an integrated approach, and evidences the personal and academic costs and benefits of publishing in this manner, after at least ten years of research. It is through returning to the field he says, that ‘entanglements and intricacies are revealed....we witness the very temporality of politics, technology, money and survival’. (47)

Biehl takes a distinctive approach in reporting his study and findings, which is at once academically rigorous and deeply affecting. Combining work with people in the ‘state, corporate, scientific and nongovernmental institutions’ (4) with ethnographic fieldwork, he keeps the politics central, and does not permit the economic to become a faceless force. Indeed, he literally weaves the faces of aids sufferers into the narrative, to ‘highlight the plight and singularity of the abandoned AIDS patients’ (5) he worked with, using images collected by his companion Torben Eskerod on visits from 1997 to 2001. The powerful portraits form an integral part of the text, the gaze of the subject often connecting through the camera’s lens to the reader.

But the account Biehl provides is far more than humanizing a policy document, giving names to the nameless, faces to the masses. By confronting the sheer complexity of AIDS in Brazil, the reader is shown how the epidemic can be presented as multiple, reworked: truth claims are made and discarded, employed and challenged; people work with the means available to them, but are simultaneously parts of systems far beyond their control, through which they can be made invisible. The social lives of AIDS – as disease and in terms of patients – are carefully brought into dialogue with one another; the social representation of dying alongside the social worlds of the dying. The book is a powerful demonstration of how ‘bureaucratic procedures, sheer medical neglect, moral contempt, unresolved disputes over

diagnostic criteria and unreflexive epidemiological knowledge mediate the process by which poor and marginalised patients are made invisible' (203-4).

Biehl manages to make his writing accessible, informative, fluid and engaging, resulting in a text which requires no prior knowledge of the subject matter, or the methods of anthropological research. As such, while deeply anthropological in approach and commitment to ethnographic forms of narrative, the book will enlighten, challenge and fascinate readers from a wide range of disciplines, from medicine to health policy, sociology to government, STS and law.

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*Rachel Douglas-Jones is a PhD student in Social Anthropology, working on a thesis provisionally entitled 'Building Capacity: the governance of research in developing world settings' and is undertaking fieldwork in Sri Lanka in 2009-10. She is part of the ESRC funded International Science and Bioethics Collaborations Project. For further information please see <http://www.dur.ac.uk/isbc-project/>*